



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Nevada State Business License Cancellation Statement For Exempt Sole Proprietors and Partnerships Only

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

This form is for the use of sole proprietorships and partnerships holding a State Business License Exemption. It MAY NOT be used by those entities organized pursuant to NRS Title 7 and on file with the Secretary of State that file an annual list.

Return the completed form to the Secretary of State by fax to (775) 684-5725; by email to newfilings@sos.nv.gov; or, by mail to 202 North Carson Street, Carson City, Nevada 89701-4201.

* Asterisks indicate **required** information. Incomplete forms will be rejected.

1*	Name as it appears on State Business License Exemption <input type="text"/>								
2*	NV Business ID # (NV Secretary of State - issued, may be found on state business license exemption) <input type="text"/>								
3	Pursuant to Chapter 76 of Nevada Revised Statutes, this serves as notification that the above named business will no longer be conducting business in the State of Nevada and desires to cancel its State Business License Exemption as of: <div style="text-align: center;"><input type="text"/> (effective date)</div>								
4*	<p>Signature must be that of the sole proprietor or a partner of the partnership canceling its State Business License Exemption.</p> <p>I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <table border="1" style="width: 100%;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>First Name</td><td>Middle (Optional)</td><td>Last Name</td><td>Suffix</td></tr></table> <p>X _____ <input type="text"/> Signature Date</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	First Name	Middle (Optional)	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
First Name	Middle (Optional)	Last Name	Suffix						

Any questions, please contact our office at (775) 684-5708.